




| <b>No. C 144729</b>   | <b>Due no later than July 31, 2006</b><br><b>Annual Report Form</b>  |                        | 2. Registered Agent and Office <b>NO PO BOX</b><br>PHILIP GIRLING<br>3760 WASHINGTON PKWY<br>IDAHO FALLS, ID 83404 |   |                    |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
|---|--|------------------------|--|---|--------------------|--|------------------------|-------|-----|-----------|-------------------|-------------------|-------------|----|-------|-----------|-----------------|-------------------|-------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  | 1. Mailing Address - Correct in this box, if applicable<br>MEDICAL PSYCHOTHERAPY, P.C.<br>3760 WASHINGTON PKWY<br>IDAHO FALLS, ID 83404  |                        | 3. <u>New</u> Registered Agent Signature   |   |                    |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Philip Girling MD</td> <td>2300 Bellerive Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Mary Girling MD</td> <td>2300 Bellerive Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table> |  |                        |  | Office held   | Name               | Street or P.O. Address                           | City                   | State | Zip | President | Philip Girling MD | 2300 Bellerive Dr | Idaho Falls | ID | 83404 | Secretary | Mary Girling MD | 2300 Bellerive Dr | Idaho Falls | ID | 83404 |
| Office held   | Name   | Street or P.O. Address | City   | State   | Zip                |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
| President   | Philip Girling MD  | 2300 Bellerive Dr      | Idaho Falls  | ID  | 83404              |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
| Secretary   | Mary Girling MD  | 2300 Bellerive Dr      | Idaho Falls  | ID  | 83404              |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
| 5. Organized Under the Laws of:<br><div style="text-align: center;">IDAHO<br/>C 144729</div>  | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>5/8/06</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Philip Girling MD</u></td> <td>Title <u>President</u></td> </tr> </table> |                        |  | Signature  | Date <u>5/8/06</u> | Name (Typed or Printed) <u>Philip Girling MD</u> | Title <u>President</u> |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
| Signature    | Date <u>5/8/06</u>   |                        |  |   |                    |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |
| Name (Typed or Printed) <u>Philip Girling MD</u>  | Title <u>President</u>   |                        |  |   |                    |  |                        |       |     |           |                   |                   |             |    |       |           |                 |                   |             |    |       |

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